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CONFIRMATION NO. 1515

SERIAL NUMBER 10/673,306	FILING DATE 09/29/2003 RULE	CLASS 407	GROUP ART UNIT 3722	ATTORNEY DOCKET NO. K-2026
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APPLICANTS

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** CONTINUING DATA *None*

** FOREIGN APPLICATIONS *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 12/29/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY PA	SHEETS DRAWING 4	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 1
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Verified and Acknowledged _____
 Examiner's Signature _____ Initials _____

ADDRESS

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TITLE

Rotary cutting tool having irregular insert orientation

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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